

297239

Print Application

Clear Fields

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Sale of certificate from Dale J. Cook Moving and
Storage to Armstrong Relocation Company,
Charleston, LLC.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2021 - 53 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Mark Fitzgerald

Telephone: 704-944-2924

Address: 7167 Cross County Rd.

Fax:

North Charleston, SC 29418

Other:

Email: mfitzgerald@goarmstrong.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☒ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☐ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☒ Other: Sale of Certificate from Dale J. Cook

to Armstrong Relocation

RECEIVED

FEB 10 2021

PSCSC
Clerks Office

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR SALE, TRANSFER, OR LEASE OF CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Date: 12/16/2020

IMPORTANT! A current annual report must be on file with the Commission before application will be accepted.

Select Class: (Check one)

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

Type of Application: (Check one)

- ☒ Sale of Certificate
Transfer of Certificate
☐ Lease of Certificate

1. Armstrong Relocation Company, Charleston, LLC,
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

7167 Cross County Rd. Charleston, SC 29418
Street Address of Applicant

Mailing Address of Applicant if different from street address

843-552-4833

Phone

FAX

mfitzgerald@goarmstrong.com
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship☐ Partnership - List names and address of all person having an interest in the business.☒ Corporation - List names and addresses of two principal officers.

Mark Fitzgerald, Keith Beverley, Todd Watson, Springer Family Trust - 4400 Westinghouse Blvd, Charlotte, NC 28273

Travis Beverley 7167 Cross County Rd. North Charleston, SC 29418

4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)☐ Yes☒ No*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

☐ Yes☒ No*If yes, list dates and nature of convictions below.*

6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

☐ Yes☒ No*If yes, list dates and nature of convictions below.*

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	Lease	Mortgage/Loan on Real Estate	
Value of Motor Vehicles	200,000	Loans Owed on Motor Vehicles	135,000
Cash on Hand	100,000	Business/Other Loans Owed	200,000
Cash in Bank	250,000	Other Liabilities or Debts	
Value of Other Assets and Equipment	50,000	Total Liabilities	335,000
Total Assets	600,000		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

South Carolina Tariff Bureau Member

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

Full State of South Carolina

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT LBS.	SEAT
Iata	2019 International 4300	1TMMMAAAXH7826	1,000	
H	2000 International 280	4HJGAAAB0010932		
Volvo	2016 Tractor	4U41C9EH90N9410911282	8,000	

* Number of seats if passenger carrier or tonnage if freight carrier.

INSURANCE QUOTE

This form **MUST BE COMPLETED**.

The following insurance quote is for:

Armstrong Relocation Company, Charleston, LLC.

Name of Motor Carrier

7167 Cross County Rd. North Charleston, SC 29418

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 9447

Cargo Insurance \$ 6262

Limits Quoted: (See Below)

Limits 1,000,000

Limits 1,000,000

* Attach Certificate of Insurance if available.

Lipscomb and Pitts Insurance

Name of Insurance Company

2670 Union Ave. Extended Suite 100

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

Name _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes☒ No☐ Pending

(Submit when received)

If Yes, indicate rating below and provide copy

☐ Satisfactory☐ Conditional☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes☒ No

3. Are there currently any outstanding judgement(s) against the Applicant?

☐ Yes☒ No

If "Yes", list judgements here:

--

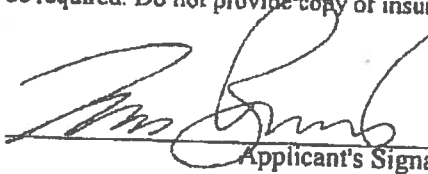
4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)



Applicant's Signature

SWORN TO BEFORE ME

This 12 day of January, 2021


Notary Public
Commission Expires 4/20/2024

STATE OF SOUTH CAROLINA)
)
 COUNTY OF _____)

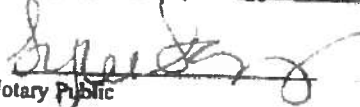
CERTIFICATE

This Certificate is furnished by the undersigned in compliance with
 Rule 103-135 (3)(b) of the Rules and Regulations of the Public Service
 Commission of South Carolina in connection with the transfer of
 authority to Armstrong Relocation Company, Charleston, LLC

The undersigned states that the assets listed on the enclosed Bill of Sale
 of Dale J Cook Moving and Storage Inc.

are being transferred including the authority granted in Certificate
 No. 2977 issued by the Public Service Commission of South
 Carolina; that there are no debts or claims against the transferor; no
 unremitted COD or collections due shippers; no claims for loss of
 or damage to goods transported or received for transportation; no claims
 for overages on property transported; no interline accounts due other
 carriers; and no wages due employees of the transferor.


 Transferor's Signature W. J. Cook

SWORN TO BEFORE ME
 This 12 day of January, 2021

 Notary Public
 Commission Expires 4/20/2024

The Public Service Commission of South Carolina
Application for the Sale or Transfer of Certificate of Public Convenience and Necessity

Date 12/16/2020

I (We) Dale J. Cook Moving and Storage Inc.

the holder of Class E Certificate of Public Convenience and Necessity No. 2952, respectfully requests that authority be granted said holder of Certificate to sell or transfer all rights, title and interest under said Certificate to the purchase or transferee, and for the purpose of enabling the Commission to determine whether or not this application should be granted, the following information is submitted:

Dale J. Cook Moving and Storage Inc.

name of owner or transferee

7167 Cross County Rd. North Charleston, SC 29418

Address

Email Address

Phone

2. Armstrong Relocation Company, Charleston, LLC.

Name of Purchaser or Transferee

7167 Cross County Rd. North Charleston, SC 29418

Address

mfitzgerald@goarmstrong.com

Email Address

704-944-2924

Phone

Check one: ☐ Corporation

☒ Partnership

☐ Individual

Date organized:

Submit a copy of the partnership agreement and a list of individuals composing the partnership.

State of Incorporation: South Carolina

3. The purchaser or transferee submits a copy of the proposed tariff, which is the same as is now in effect, with the following exception(s): Same as current tariff, no exception.

4. The Certificate to be transferred is attached.

5. Are there now any liens, mortgages, or debts in effect over, against, or in any way affecting this certificate?

☒ No

☐ Yes

Attach a complete list showing dates, amounts and names of parties.

6. Is the proposed sale or transfer being made in any way for the purpose of hindering, delaying, or defrauding creditors?

☒ No

☐ Yes

GIVEN under our hand this _____ day of _____, 20

Owner or Transferor

By

Title

Purchaser or Transferee

By

Title

SWORN TO BEFORE ME

This 12 day of January, 2021

Notary Public

Commission Expires 4/20/2024

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C.Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.2, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

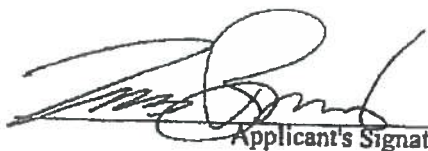
S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

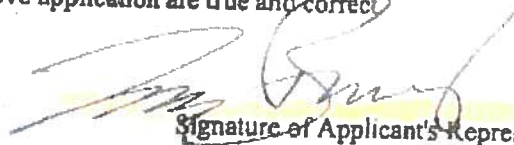
STATE OF SOUTH CAROLINA

COUNTY OF Charleston


Applicant's Signature

I, Travis Beverly, President
Name of Applicant's Representative Title
of Armstrong Relocation Company, Charleston, LLC.
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Signature of Applicant's Representative

SWORN TO BEFORE ME
This 12 day of January, 2021


Notary Public

Commission Expires 4/20/2024

Detach, complete and remit **AFTER** your safety audit has been performed by State Transport Police.

Armstrong Relocation Company, Charleston, LLC
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows.

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☒ Not Applicable

I, Travis Beverly, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This 12 day of January, 2021

[Signature]
Notary Public

[Signature]
Applicant's Signature

Commission Expires 4/20/2026

BILL OF SALE

This BILL OF SALE (this "Bill of Sale") is effective as of the 31st day of December, 2020 (the "Effective Time"), by Dale J. Cook Moving and Storage, Inc., a South Carolina corporation ("Seller") in favor of Armstrong Relocation Company, Charleston, LLC, a South Carolina limited liability company ("Purchaser"), pursuant to that certain Asset Purchase Agreement by and among Purchaser, Seller and Michael Cook and Anthony Cook, who collectively own all of the outstanding equity and ownership interests in Seller, dated as of November 23, 2020 (as amended, the "Purchase Agreement"). All capitalized terms not otherwise defined in this Bill of Sale shall have the meanings ascribed to such terms in the Purchase Agreement.

WITNESSETH:

WHEREAS, in connection with the Purchase Agreement, Seller has agreed to convey, grant, sell, transfer, assign and deliver to Purchaser the Purchased Assets

NOW, THEREFORE, KNOW ALL PERSONS BY THESE PRESENT, that for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Seller hereby conveys, grants, sells, transfers, assigns and sets over to Purchaser, its successors and assigns, all right, title and interest of Seller in and to all of the Purchased Assets.

TO HAVE AND TO HOLD unto the Purchaser, its successors and assigns, forever, free and clear of all Liens, save for those assumed by the Purchaser as detailed in the Assignment and Assumption Agreement and Asset Purchase Agreement as Assumed Liabilities.

Seller, and its successors and assigns, hereby agree, at any time and from time to time after the date hereof, upon the written request of the Purchaser, to do, execute, acknowledge and deliver, or cause to be done, executed, acknowledged and delivered, all such further acts, deeds, assignments, transfers, conveyances, powers of attorney and assurances as may be required for the better assigning, transferring, conveying and confirming to the Purchaser, or its successors and assigns, of any and all of the Purchased Assets herein conveyed, or under the Agreement, to be conveyed unto the Purchaser.

Seller hereby constitutes and appoints Purchaser, its successors and assigns, as Seller's true and lawful attorney, with full power of substitution, in Seller's name and stead, but on behalf and for the benefit of Purchaser, its successors and assigns, to demand and receive any and all of the Purchased Assets, and to give receipts and releases for them respecting the same, and any part thereof, and from time to time to institute and prosecute in Seller's name, or otherwise, at the expense and for the benefit of Purchaser, its successors and assigns, without any obligations, however, to do so, any and all proceedings at law or in equity or otherwise, which Purchaser, its successors and assigns, think proper for the collection or reduction to possession of any of the Purchased Assets or for the collection and enforcement of any claim or right of any kind hereby contributed, conveyed, transferred and delivered, or intended so to be, and to do all acts and things in relation to the Purchased Assets which Purchaser, its successors or assigns, shall deem desirable. Seller hereby declaring that the foregoing powers are coupled with an interest and are and shall be irrevocable by Seller or by its dissolution or in any manner or for any reason whatsoever. Seller further authorizes Purchaser, its successors and assigns, to receive and open all mail, telegrams and other communications, and all express or other packages, addressed to Seller or to any of its officers to retain the same insofar as they relate to the Purchased Assets, but any such mail, telegrams, communications or express or other packages not relating to the Purchased Assets shall be forwarded with reasonable dispatch to Seller. The foregoing shall constitute full authorization to the postal authorities, all telegraph and express companies, and all other persons to make delivery of such items to Purchaser.

Nothing in this Bill of Sale shall be construed to limit, increase, discharge, mitigate or release an obligation or otherwise affect any right of any party set forth or provided for in the Purchase Agreement. In the event of any inconsistency among the terms of this Bill of Sale and the terms of the Purchase Agreement, the terms of the Purchase Agreement shall control.

IN WITNESS WHEREOF, Seller, by and through its duly authorized officer, has caused this Bill of Sale to be executed and delivered as of the Effective Date.

SELLER:

DALE J. COOK MOVING AND STORAGE, INC

By: 

Name: Michael Cook

Title: Shareholder & Authorized Person

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

ACKNOWLEDGEMENT

I, as a notary public for the State of South Carolina, do hereby certify that, Michael Cook, in his capacity as Shareholder and Authorized Person of Dale J. Cook Moving and Storage, Inc., personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the 31 day of December 2020


Notary Public for State of: SC

My commission expires: 11-1-25

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Armstrong Relocation Company, Charleston, LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 2nd, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 8th day
of January, 2021.


Mark Hammond, Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

ARMSREL-02

DATE (MM/DD/YYYY)

1/8/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed if SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement.

PRODUCER

Lipscomb & Pitts Insurance
2670 Union Ave Extended Suite 100
Memphis, TN 38112

CONTACT

NAME
PHONE (A/C No., Ext.) 901 321-1000
E-MAIL ADDRESS

FAX (A/C No.) 901 321-1099

INSURED

Armstrong Relocation Company, Charleston, LLC
7167 Cross County Rd., Ste. A
North Charleston, SC 29418

SURETY AFFORDING COVERAGE
Travelers Pro Casual Com n. of Amer 25674
Axis Su lus Insurance Com an 26820

INSURER
INSURER P.

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BIPOD Ded: 1000 <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> ISO <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		TC2JGLSA4880249320	4/1/2020	4/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOD AGG \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		TC2JCAP48802512-20	4/1/2020	4/1/2021	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS 0		P00100009060902	4/1/2020	4/1/2021	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Per policy in 100) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	UB-9L01271A-20-51-K	4/1/2020	4/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

South Carolina Office of Regulatory Staff
1401 Main St., Suite 900
Columbia, SC 29201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE

Matthew A. Lipscomb

ACORD 25 (2018/03)

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The ACORD name and logo are registered marks of ACORD

PSC #2977

UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL

DALE J. COOK MOVING & STORAGE, INC.7167 CROSS COUNTY ROAD
NORTH CHARLESTON, SC. 29418
843-552-4833 800-849-8248

40174

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO. SHIPPER GARY AND KATHRYN NEWKIRK
ADDRESS 1789 WELLSTEAD STREET
FLOOR ELEV. TEL. 352-9818
CITY MOUNT PLEASANT STATE SCCONSIGNEE TO NEWKIRK
ADDRESS 14 BIRCHPLACE BIRCHPLACE
FLOOR ELEV. TEL.
CITY CLEMSON STATE SC
PREFERRED DELIVERY DATE(S)
OR PERIODS OF TIMESHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
WILL NOT BE ACCEPTED.NOTIFY TEL.
ADDRESS
RECEIVED
SUBJECT TO ROUTING GENERAL
CONDITIONS:

LD 1/22/20 RDD 1/23/20

RATES, RULES AND REGULATIONS IN
TARIFF SC SEC. 7

INVOICING

GOVT. B/L No.
BILL CHARGES TO THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEAS-
ES THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING THE CARRIER'S LIA-
BILITY FOR LOSS AND DAMAGE WILL BE 60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPER.

45,000.00 (0 DED)

SIGNED [Signature] 1-22-20
Shipper Date

TIME RECORD

START
FINISH
AM AM Customers Initials
PM PM Customers InitialsJOB HOURS
TRAVEL TIME
TOTAL HOURS TRANSPORTATION SERVICES
HOURLY CHARGE

STRAIGHT TIME

VAN(S) MEN HOURS AT \$ PER HR.

OVERTIME SERVICES

VAN(S) MEN HOURS AT \$ PER HR.TRAVEL TIME HOURS AT \$ OTHER CHARGES 2331.80OTHER CHARGES Fuel 116.59PACKING 85.00VALUATION 405.00TOTAL 2853.39DATE DELIVERED 01/28/19DRIVER T. Cook

WEIGHT AND SERVICES

☐ SPACE RES. CU. FT.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. CU. FT.GROSS 50560 TARE 45320 NET 3240 RATE 44.50 CHARGES 2331.80TRANSPORTATION 232 MILES ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE) Fuel 116.59ADD'TL. TRANS. (SURCHARGE) ☐ ORIG. ☐ DEST. EXTRA PICKUPS OR DELIVERIES: NO. BY AT EXCESSIVE CARRY ELEVATOR STAIRS PIANO HANDLING: OUT IN HOIST ADD'TL. LABOR MEN FOR MAN HOURS WAREHOUSE HANDLING TRANSIT STORAGE: FROM TO S.I.T. VALUATION CHARGE 405.00Flow with a Tag in
the way

APPLIANCE SERVICES

ORIGIN DUE DEST. DUE

OTHER CHARGES

CARTAGE: TO WHSE ☐ FROM WHSE ☐ ORIG ☐ DEST ☐ MI QUANTITY BARRELS 5 41.00CARTONS LESS THAN 1 1/2 CARTONS 1 1/2 9.50CARTONS 3 14.50CARTONS 4 1/2 18.00CARTONS 6 20.00CRIB MATTRESS 10.00WARDROBES (USE OF) 20.00MATTRESS CARTON NOT EXCEEDING 39 x 75 +/L 20.00MATTRESS CARTON NOT EXCEEDING 54 x 75 18.50MATTRESS CARTON EXCEEDING 54 x 75 29.00CRATES MIRROR CARTONS 34.00TOTAL PACKING 390.90 85.00TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L. TOTAL CHARGES 2853.39PREPAYMENT: COLLECTED BY A 3% SERVICE FEE WILL APPLY IF YOU CHOOSE 2853.39BALANCE DUE: COLLECTED BY TO PAY BY CREDIT/DEBIT CARDDELIVERY ACKNOWLEDGEMENT SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY AND SERVICES
ORDERED WERE PERFORMEDREC'D FOR STORAGE WAREHOUSE CONSIGNEE [Signature]BY PER DATE

(WAREHOUSEMAN'S SIGNATURE)

FORM 962R 2010

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1-ORIGINAL - NON NEGOTIABLE

ACCEPTED FOR PROCESSING - 2021 February 11 4:09 PM - SCPSC - 2021-53-T - Page 17 of 25

PSC #2977

UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL

DALE J. COOK MOVING & STORAGE, INC.7167 CROSS COUNTY ROAD
NORTH CHARLESTON, SC. 29418
843-552-4833 800-849-8248

40345

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO. SHIPPER GEORGE & CLAUDETTE BONIFACE
ADDRESS 692 ELMWOOD CIRCLE
FLOOR _____ ELEV. _____ TEL. 843-577-2171
CITY MURRELS INLET STATE SCCONSIGNEE TO GEORGE & CLAUDETTE BONIFACE
ADDRESS 10 WEST EDGE #250 630
FLOOR _____ ELEV. _____ TEL. 843-577-2171
CITY CHARLESTON STATE SC
PREFERRED DELIVERY DATE(S) _____
OR PERIODS OF TIME _____NOTIFICATION OF WEIGHT & CHARGES
SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐NOTIFY _____ TEL. _____
ADDRESS _____RECEIVED _____
SUBJECT TO _____ ROUTING _____GENERAL CONDITIONS: 3/24/2020RATES, RULES AND REGULATIONS IN
TARIFF SC SEC. 7

INVOICING

GOV'T. B/L No. _____
BILL CHARGES TO _____THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEAS-
ES THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING THE CARRIER'S LIAB-
ILITY FOR LOSS AND DAMAGE WILL BE .60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPER

40,000.00 (0 DED)

SIGNED D. J. Cook Date 3-24-20

TIME RECORD

START _____
FINISH _____AM AM Customers Initials
PM PM Customers InitialsJOB HOURS _____
TRAVEL TIME _____
TOTAL HOURS _____TRANSPORTATION SERVICES
HOURLY CHARGE

STRAIGHT TIME

____ VAN(S) ____ MEN ____ HOURS AT \$ ____ PER HR.

OVERTIME SERVICES

____ VAN(S) ____ MEN ____ HOURS AT \$ ____ PER HR.

TRAVEL TIME HOURS at \$ _____

OTHER CHARGES _____

OTHER CHARGES _____

PACKING _____

VALUATION _____

TOTAL 2401.50DATE DELIVERED 3-25-20DRIVER M. J. Cook

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU. FT.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU. FT.GROSS 24680 TARE 20580 NET 4100 5000
TRANSPORTATION 77 MILES 33 RATE 11650.00
ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE) FUEL 82.50
ADD'TL. TRANS. (SURCHARGE) _____ ☐ ORIG. ☐ DEST. _____
EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____
AT _____
EXCESSIVE CARRY ELEVATOR X STAIRS _____ 2.00 82.00
PIANO HANDLING: OUT _____ IN _____ HOIST L/C 1.50
ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS _____
WAREHOUSE HANDLING _____ ELEVATOR @ DEST 2.00
TRANSIT STORAGE: FROM _____ TO _____
S.I.T. VALUATION CHARGE 40,000 360.00

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE ☐, FROM WHSE ☐, ORIG ☐, DEST ☐ MI _____ QUANTITY _____BARRELS 5 41.00
CARTONS LESS THAN 1 1/2 _____
CARTONS 1 1/2 9.50
CARTONS 3 14.50
CARTONS PD CHECK #494 4 1/2 18.00
CARTONS # 2401.50 6 20.00
CRIB MATTRESS M. J. Cook 10.00
WARDROBES (USE OF) 1 20.00 20.00
MATTRESS CARTON NOT EXCEEDING 39 x 75 +L 20.00
MATTRESS CARTON NOT EXCEEDING 54 x 75 2 2 18.50 37.00
MATTRESS CARTON EXCEEDING 54 x 75 29.00
CRATES MIRROR CARTONS 5 34.00 170.00TOTAL PACKING 227.00TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L. TOTAL CHARGES 2461.50PREPAYMENT: COLLECTED BY A 3% SERVICE FEE WILL APPLY IF YOU CHOOSEBALANCE DUE: COLLECTED BY TO PAY BY CREDIT/DEBIT CARD

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION, EXCEPT AS NOTED ON INVENTORY, AND SERVICE ORDERED WERE PERFORMED

REC'D FOR STORAGE _____ WAREHOUSE _____ CONSIGNEE _____

BY _____ PER _____ DATE _____

(WAREHOUSEMAN'S SIGNATURE)

FORM 962R 2010

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4 ORIGINAL - NON NEGOTIABLE


ACCEPTED FOR PROCESSING - 2021 February 11 4:09 PM - SCPSC - 2021-53-T - Page 18 of 25

DALE J. COOK MOVING & STORAGE, INC.

7167 CROSS COUNTY ROAD
NORTH CHARLESTON, SC. 29418
843-552-4833 800-849-8248

40377

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO. 

SHIPPER RON & SUE CANCIO 843-513-6122
ADDRESS 1231 CREEK WATCH TRACE
FLOOR _____ ELEV. _____ TEL. 843-813-6237
CITY SEABROOK IS STATE SC
NOTIFICATION OF WEIGHT & CHARGES
SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐

CONSIGNEE TO RON & SUE CANCIO 843-513-6122
ADDRESS 306 FAIRWAY HILL CT.
FLOOR _____ ELEV. _____ TEL. 843-813-6237
CITY GREENVILLE STATE SC
PREFERRED DELIVERY DATE(S) _____
OR PERIODS OF TIME _____

ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
WILL NOT BE ACCEPTED.

NOTIFY _____ TEL. _____
ADDRESS _____

RECEIVED
SUBJECT TO

GENERAL
CONDITIONS:

ROUTING
MIKE 843 270-9450
4/7/2020

RATES, RULES AND REGULATIONS IN
TARIFF SC SEC. 7

INVOICING

GOVT. B/L No. _____
BILL CHARGES TO _____

THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEASES
THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING _____ THE CARRIER'S LI-
ABILITY FOR LOSS AND DAMAGE WILL BE 60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPER.

50,000.00 (0 DED)

SIGNED *[Signature]* Date 4-7-20

TIME RECORD

START _____
FINISH _____
AM AM Customers Initials
PM PM Customers Initials

JOB HOURS _____
TRAVEL TIME _____
TOTAL HOURS _____

TRANSPORTATION SERVICES
HOURLY CHARGE

STRAIGHT TIME
____ VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR

OVERTIME SERVICES
____ VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR

TRAVEL TIME HOURS AT \$ _____

OTHER CHARGES _____

OTHER CHARGES _____

PACKING _____

VALUATION _____

TOTAL 4884.79

DATE DELIVERED 4-7-20

DRIVER 49-20

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU. FT.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU. FT.

GROSS _____ TARE _____ NET 85.24 RATE CHARGES

TRANSPORTATION _____ MILES 37.00 3153.88

ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE) FUEL 157.69

ADD'TL. TRANS. (SURCHARGE) ☐ ORIG. ☐ DEST. _____

EXTRA PICKUPS OR DELIVERIES: NO. 2 BY _____ 66.00 132.00

AT MAIN RD JOHNS IS & DJC M/S

EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____

PIANO HANDLING: OUT _____ IN _____ HOIST _____ 91.50

ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS _____

WAREHOUSE HANDLING APRIL STGE & VALUATION 161.52

TRANSIT STORAGE: FROM _____ TO _____

S.I.T. VALUATION CHARGE 50,000.00 450.00

EXTRA STOP @ DEST 66.00

APPLIANCE SERVICES

WALL DAMAGE @ DEST ORIGIN DUE _____

OTHER CHARGES 3" DAYWALL DAMAGE DEST. DUE _____

CARTAGE: TO WHSE ☐ FROM WHSE ☐ ORIG ☐ DEST ☐ MI _____ QUANTITY _____

BARRELS _____ 5 1 41.00 41.00

CARTONS LESS THAN 1 1/2 _____ 9.50

CARTONS PA CHECK #6380 1 1/2 _____ 9.50

CARTONS # 4884.79 3 2 14.50 29.00

CARTONS 4 1/2 2 18.00 36.00

CARTONS 6 _____ 20.00

CRIB MATTRESS _____ 10.00

WARDROBES (USE OF) 10 20.00 200.00

MATTRESS CARTON NOT EXCEEDING 39 x 75 +/- 20.00

MATTRESS CARTON NOT EXCEEDING 54 x 75 18.50

MATTRESS CARTON EXCEEDING 54 x 75 29.00

CRATES MIRROR CARTONS 34.00

TOTAL PACKING _____ 306.00

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L. TOTAL CHARGES 4884.79

PREPAYMENT: COLLECTED BY A 3% SERVICE FEE WILL APPLY IF YOU CHOOSE 250.00

BALANCE DUE: COLLECTED BY TO PAY BY CREDIT/DEBIT CARD

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY AND SERVICE
ORDERED WERE PERFORMED

REC'D FOR STORAGE _____ WAREHOUSE _____ CONSIGNEE _____

BY _____ PER _____ DATE _____

(WAREHOUSEMAN'S SIGNATURE)

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1 ORIGINAL - NON NEGOTIABLE

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PSC #2977

UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL

DALE J. COOK MOVING & STORAGE, INC.

7167 CROSS COUNTY ROAD
NORTH CHARLESTON, SC. 29418
843-552-4833 800-849-8248

40417

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

SHIPPER **STEVE FENNEL**

ADDRESS **1266 OLD GRANITEVILLE**

FLOOR _____ ELEV. _____ TEL. **843-619-9824**

CITY **AIKEN** STATE **SC**

NOTIFICATION OF WEIGHT & CHARGES
SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐

NOTIFY _____ TEL. _____

ADDRESS _____

RECEIVED _____
SUBJECT TO _____ ROUTING _____

GENERAL CONDITIONS: **5/20-21/2020**

CONSIGNEE TO **STEVE FENNEL**

ADDRESS **1883 LIBERIA RD**

FLOOR _____ ELEV. _____ TEL. **843-619-9824**

CITY **WADSWORTH** STATE **SC**

PREFERRED DELIVERY DATE(S)
OR PERIODS OF TIME

ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
WILL NOT BE ACCEPTED.

RATES, RULES AND REGULATIONS IN

TARIFF **SC** SEC. **7**

INVOICING

GOV'T. B/L No. _____

BILL CHARGES TO _____

THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF SHIPPER HEREBY RELEASES
THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING THE CARRIER'S LIAB-
ILITY FOR LOSS AND DAMAGE WILL BE 60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPER

~~987~~ **30,000.00**

SIGNED _____ Date _____
Shipper

TIME RECORD

START _____

FINISH _____

AM AM Customers Initials

PM PM Customers Initials

JOB HOURS _____

TRAVEL TIME _____

TOTAL HOURS _____

TRANSPORTATION SERVICES
HOURLY CHARGE

STRAIGHT TIME

VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR

OVERTIME SERVICES

VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR

TRAVEL TIME HOURS at \$ _____

OTHER CHARGES _____

OTHER CHARGES _____

PACKING _____

VALUATION _____

TOTAL **2235.81**

DATE DELIVERED **5-22-20**

DRIVER **M. S.**

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU. FT.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU. FT.

GROSS **24240** TARE **19180** NET **5060** RATE CHARGES

TRANSPORTATION **127** MILES **31.00** **1872.00**

ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE) **93.10**

ADD'TL. TRANS. (SURCHARGE) ☐ ORIG. ☐ DEST.

EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____

AT _____

EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____

PIANO HANDLING: OUT _____ IN _____ HOIST _____

ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS _____

WAREHOUSE HANDLING _____

TRANSIT STORAGE: FROM _____ TO _____

S.I.T. VALUATION CHARGE **270.00**

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE ☐ FROM WHSE ☐ ORIG ☐ DEST ☐ MI _____ QUANTITY _____

BARRELS _____ 5 _____ 41.00

CARTONS _____ LESS THAN 1 1/2 _____

CARTONS **PD CHECK # 1098** 1 1/2 _____ 9.50

CARTONS **# 2235.81** 3 _____ 14.50

CARTONS 4 1/2 _____ 18.00

CARTONS 6 _____ 20.00

CRIB MATTRESS _____ 10.00

WARDROBES (USE OF) _____ 20.00

MATTRESS CARTON NOT EXCEEDING 39 x 75 +/-L _____ 20.00

MATTRESS CARTON NOT EXCEEDING 54 x 75 _____ 18.50

MATTRESS CARTON EXCEEDING 54 x 75 _____ 29.00

CRATES _____ MIRROR CARTONS _____ 34.00

TOTAL PACKING _____

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L. TOTAL CHARGES **2235.81**

PREPAYMENT: COLLECTED BY **A 3% SERVICE FEE WILL APPLY IF YOU CHOOSE**

BALANCE DUE: COLLECTED BY **TO PAY BY CREDIT/DEBIT CARD**

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY AND SERVICES
PERFORMED WERE PERFORMED.

REC'D FOR STORAGE _____ CONSIGNEE _____

WAREHOUSE

BY _____ PER _____

(WAREHOUSEMAN'S SIGNATURE)

DATE

FORM 962R 2010

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PSC #2977

UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL

DALE J. COOK MOVING & STORAGE, INC.7167 CROSS COUNTY ROAD
NORTH CHARLESTON, SC. 29418
843-552-4833 800-849-8248

40671

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO. SHIPPER **KIM & STEVE CRIDDLE**
ADDRESS **PRIME STORAGE 2248 N. MAIN ST**
FLOOR _____ ELEV. _____ TEL. **843-300-5798**
CITY **SUMMERVILLE** STATE **SC**CONSIGNEE TO **KIM & STEVE CRIDDLE**
ADDRESS **132 Timberlake Drive**
FLOOR _____ ELEV. _____ TEL. **843-300-5798**
CITY **CHAPIN** STATE **SC**
PREFERRED DELIVERY DATE(S)
OR PERIODS OF TIMENOTIFICATION OF WEIGHT & CHARGES
SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐

NOTIFY _____ TEL. _____

ADDRESS _____

RECEIVED _____

SUBJECT TO _____ ROUTING _____

GENERAL CONDITIONS: **9/30 -10/1 /2020**RATES, RULES AND REGULATIONS IN
TARIFF **SC** SEC. **7**

INVOICING

GOV'T. B/L No. _____

BILL CHARGES TO _____

THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEAS-
ES THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING THE CARRIER'S LIAB-
ILITY FOR LOSS AND DAMAGE WILL BE 60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPER**60¢ PER LB.**SIGNED *Kim Criddle* Date _____

TIME RECORD

START _____

FINISH _____

AM AM Customers Initials

PM PM Customers Initials

JOB HOURS _____

TRAVEL TIME _____

TOTAL HOURS _____

TRANSPORTATION SERVICES
HOURLY CHARGE

STRAIGHT TIME

____ VAN(S) ____ MEN ____ HOURS AT \$ ____ PER HR.

OVERTIME SERVICES

____ VAN(S) ____ MEN ____ HOURS AT \$ ____ PER HR.

TRAVEL TIME HOURS at \$ _____

OTHER CHARGES _____

OTHER CHARGES _____

PACKING _____

VALUATION _____

TOTAL _____

DATE DELIVERED _____

DRIVER *Steve Criddle*

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU. FT.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU. FT.GROSS **51000** TARE **38720** NET **12,280** RATE **26.50** CHARGES **3254.20**TRANSPORTATION **130** MILES **162.71**ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE) **FUEL**ADD'TL. TRANS. (SURCHARGE) ☐ ORIG. ☐ DEST.

EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____

AT _____

EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS

PIANO HANDLING: OUT _____ IN _____ HOIST

ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS

WAREHOUSE HANDLING _____

TRANSIT STORAGE: FROM _____ TO _____

S.I.T. VALUATION CHARGE _____

ck # 133

\$ 3761.91

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE ☐ FROM WHSE ☐ ORIG ☐ DEST ☐ MI QUANTITY

BARRELS 5 41.00

CARTONS LESS THAN 1 1/2

CARTONS 1 1/2 9.50

CARTONS 3 14.50

CARTONS 4 1/2 18.00

CARTONS 6 20.00

CRIB MATTRESS 10.00

WARDROBES (USE OF) 20.00

MATTRESS CARTON NOT EXCEEDING 39 x 75 +/- 20.00

MATTRESS CARTON NOT EXCEEDING 54 x 75 18.50

MATTRESS CARTON EXCEEDING 54 x 75 29.00

CRATES MIRROR CARTONS 34.00

TOTAL PACKING

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L. TOTAL CHARGES **3416.91**PREPAYMENT: COLLECTED BY **A 3% SERVICE FEE WILL APPLY IF YOU CHOOSE**BALANCE DUE: COLLECTED BY **TO PAY BY CREDIT/DEBIT CARD**

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY AND SERVICES ORDERED WERE PERFORMED

REC'D FOR STORAGE _____ CONSIGNEE *Kim Criddle*

WAREHOUSE

BY _____ PER _____

(WAREHOUSEMAN'S SIGNATURE)

DATE

FORM 982R 2010

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DALE J. COOK MOVING & STORAGE, INC.

7167 CROSS COUNTY ROAD
NORTH CHARLESTON, SC. 29418
843-552-4833 800-849-8248

40689

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

SHIPPER JAMIE FRESHE
ADDRESS 1713 MCHENRY AVE
FLOOR ELEV. TEL. 843-214-6218
CITY JAMES ISLAND STATE SC

SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐

NOTIFY TEL.

ADDRESS

RECEIVED
SUBJECT TO ROUTING

GENERAL
CONDITIONS: 10/15/2020

CONSIGNEE TO JAMIE FRESHE
ADDRESS 120 HARVEST MOON DR
FLOOR ELEV. TEL. 843-214-6218
CITY LEESVILLE STATE SC
PREFERRED DELIVERY DATE(S)
OR PERIODS OF TIME

ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
WILL NOT BE ACCEPTED.

RATES, RULES AND REGULATIONS IN

TARIFF SC SEC. 7

INVOICING

GOV'T. B/L No.

BILL CHARGES TO

THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEASES
THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING 60 PER LB. THE CARRIER'S LI-
ABILITY FOR LOSS AND DAMAGE WILL BE .60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPER.

60 PER LB.

SIGNED [Signature] Date

TIME RECORD

START

FINISH

AM AM Customers Initials

PM PM Customers Initials

JOB HOURS

TRAVEL TIME

TOTAL HOURS

TRANSPORTATION SERVICES
HOURLY CHARGE

STRAIGHT TIME

 VAN(S) MEN HOURS AT \$ PER HR

OVERTIME SERVICES

 VAN(S) MEN HOURS AT \$ PER HR

TRAVEL TIME HOURS at \$

OTHER CHARGES

OTHER CHARGES

PACKING

VALUATION

TOTAL

DATE DELIVERED

DRIVER

WEIGHT AND SERVICES

☐ SPACE RES. CU. FT.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. CU. FT.

GROSS 49080 TARE 37400 NET 11680

TRANSPORTATION 111 MILES

ADDTL. LIAB. CHG. (PER SHIPMENT CHARGE)

ADDTL. TRANS. (SURCHARGE) ☐ ORIG. ☐ DEST.

EXTRA PICKUPS OR DELIVERIES: NO. 1 BY

AT

EXCESSIVE CARRY ELEVATOR STAIRS

PIANO HANDLING: OUT IN HOIST SLC - 4c

ADDTL. LABOR MEN FOR MAN HOURS

WAREHOUSE HANDLING

TRANSIT STORAGE: FROM TO

S.I.T. VALUATION CHARGE

APPLIANCE SERVICES

ORIGIN DUE

DEST. DUE

OTHER CHARGES

CARTAGE: TO WHSE ☐ FROM WHSE ☐ ORIG ☐ DEST ☐ MI QUANTITY

BARRELS 5 41.00

CARTONS LESS THAN 1 1/2

CARTONS 1 1/2 9.50

CARTONS 3 14.50

CARTONS 4 1/2 18.00

CARTONS 6 20.00

CRIB MATTRESS 10.00

WARDROBES (USE OF) 5 mat 1 20.00 90.00

MATTRESS CARTON NOT EXCEEDING 39 x 75 +/L 4 20.00

MATTRESS CARTON NOT EXCEEDING 54 x 75 18.50

MATTRESS CARTON EXCEEDING 54 x 75 29.00

CRATES MIRROR CARTONS 34.00

TOTAL PACKING 3862.00

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L. TOTAL CHARGES 3862.00

PREPAYMENT: COLLECTED BY A 3% SERVICE FEE WILL APPLY IF YOU CHOOSE 3862.00

BALANCE DUE: COLLECTED BY TO PAY BY CREDIT/DEBIT CARD

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ON INVENTORY
ORDERED WERE PERFORMED

REC'D FOR STORAGE WAREHOUSE

BY PER DATE

(WAREHOUSEMAN'S SIGNATURE)

FORM 962R 2010

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PSC #2977

UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL

DALE J. COOK MOVING & STORAGE, INC.7167 CROSS COUNTY ROAD
NORTH CHARLESTON, SC. 29418
843-552-4833 800-849-8248

40528

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO.

SHIPPER **MARTY & JANE MCAULIFFE**
ADDRESS **DJC 7167 CROSS COUNTY RD**
FLOOR _____ ELEV. _____ TEL. **858-348-7452**
CITY **DAYTON** N. CHAS STATE **SC**CONSIGNEE TO **MARTY & JANE MCAULIFFE**
ADDRESS **52 LANCASTER BLVD**
FLOOR _____ ELEV. _____ TEL. **858-348-7452**
CITY **BLUFFTON** STATE **SC**
PREFERRED DELIVERY DATE(S)
OR PERIODS OF TIMENOTIFICATION OF WEIGHT & CHARGES
SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
WILL NOT BE ACCEPTED.NOTIFY _____ TEL. _____
ADDRESS _____
RECEIVED _____
SUBJECT TO _____ ROUTING _____GENERAL
CONDITIONS:

11/23/2020

RATES, RULES AND REGULATIONS IN
TARIFF **SC** SEC. **7**

INVOICING

GOV'T. B/L No. _____
BILL CHARGES TO _____THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CAR-
RIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEAS-
ES THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING THE CARRIER'S LIAB-
ILITY FOR LOSS AND DAMAGE WILL BE 60
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPER

100,000.00 (0 DED)

SIGNED 11/23/20
Shipper Date

TIME RECORD

START _____
FINISH _____
AM AM Customers Initials
PM PM Customers InitialsJOB HOURS _____
TRAVEL TIME _____
TOTAL HOURS _____TRANSPORTATION SERVICES
HOURLY CHARGESTRAIGHT TIME
VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HROVERTIME SERVICES
VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR

TRAVEL TIME HOURS at \$ _____

OTHER CHARGES _____

OTHER CHARGES _____

PACKING _____

VALUATION _____

TOTAL _____

DATE DELIVERED **11/23/20**

DRIVER

WEIGHT AND SERVICES

☐ SPACE RES. _____ CU. FT.

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ EXCL. USE OF VEH. _____ CU. FT.GROSS **65,080** TARE **41,790** NET **23,290** RATE CHARGES
TRANSPORTATION **92** MILES **24.50** **5706.05**
ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE) **FUEL** **285.30**
ADD'TL. TRANS. (SURCHARGE) ☐ ORIG. ☐ DEST.
EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____
AT _____
EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS IF APPLICABLE **1.50**
PIANO HANDLING: OUT _____ IN _____ HOIST **349.35** **98.50**
ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS
WAREHOUSE HANDLING
TRANSIT STORAGE: FROM _____ TO _____
S.I.T. VALUATION CHARGE **900.00**

APPLIANCE SERVICES

ORIGIN DUE _____

DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE ☐, FROM WHSE ☐, ORIG ☐, DEST ☐ MI QUANTITY

BARRELS	5	41.00
CARTONS	LESS THAN 1 1/2	—
CARTONS	1 1/2	9.50
CARTONS	3	14.50
CARTONS	4 1/2	18.00
CARTONS	6	20.00
CRIB MATTRESS		10.00
WARDROBES (USE OF)		20.00
MATTRESS CARTON NOT EXCEEDING 39 x 75 +/-		20.00
MATTRESS CARTON NOT EXCEEDING 54 x 75		18.50
MATTRESS CARTON EXCEEDING 54 x 75		29.00
CRATES	MIRROR CARTONS	34.00

TOTAL PACKING

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L.TOTAL CHARGES **6989.85**PREPAYMENT: COLLECTED BY **A 3% SERVICE FEE WILL APPLY IF YOU CHOOSE**BALANCE DUE: COLLECTED BY **TO PAY BY CREDIT/DEBIT CARD**DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION, EXCEPT AS NOTED ON INVENTORY AND SERVICES
ORDERED WERE PERFORMED

REC'D FOR STORAGE _____ CONSIGNEE _____

WAREHOUSE

BY _____ PER _____

(WAREHOUSEMAN'S SIGNATURE)

DATE

FORM 962R 2010

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PSC #2977

UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL

DALE J. COOK MOVING & STORAGE, INC.

7167 CROSS COUNTY ROAD
NORTH CHARLESTON, SC. 29418
843-552-4833 800-849-8248

40537

IN CASE OF NEED: CONTACT TRAFFIC CONTROL MGR. AT ABOVE ADDRESS OR TELEPHONE NUMBER

REFER TO THIS REG. NO. 

SHIPPER CHARLES & TAMMY SPANEAS
ADDRESS 2068 PROMENADE CT
FLOOR _____ ELEV. _____ TEL. 603-401-4443
CITY MT. PLEASANT STATE SC

NOTIFICATION OF WEIGHT & CHARGES
SHIPPER REQUESTS NOTIFICATION OF ACTUAL
WEIGHT & CHARGES TO PARTY SHOWN BELOW ☐

NOTIFY _____ TEL. _____
ADDRESS _____

RECEIVED _____
SUBJECT TO _____ ROUTING _____

GENERAL CONDITIONS: 12/3/2020 Reg 1192

CONSIGNEE TO CHARLES & TAMMY SPANEAS
ADDRESS 109 CLAM DIGGER LOOP
FLOOR _____ ELEV. _____ TEL. 603-401-4443
CITY PAWLEYS IS STATE SC
PREFERRED DELIVERY DATE(S) _____
OR PERIODS OF TIME _____

ALL CHARGES ARE TO BE PAID IN CASH, MONEY ORDER, OR
CERTIFIED CHECK BEFORE CARRIER DELIVERS OR RELINQUISHES
POSSESSION UNLESS INDICATED BY CARRIER. PERSONAL CHECK
WILL NOT BE ACCEPTED.

RATES, RULES AND REGULATIONS IN
TARIFF SC SEC. 7

INVOICING

GOV'T. B/L No. _____
BILL CHARGES TO _____

THIS SHIPMENT WILL MOVE SUBJECT TO
THE RULES AND CONDITIONS OF THE CARRIER & TARIFF. ALL TERMS PRINTED OR
STAMPED HEREON OR ON THE REVERSE
SIDE HEREOF. SHIPPER HEREBY RELEASES
THE ENTIRE SHIPMENT TO A VALUE NOT
EXCEEDING _____ THE CARRIER'S LIABILITY
FOR LOSS AND DAMAGE WILL BE \$0
PER LB. PER ARTICLE UNLESS A GREATER
AMOUNT IS SPECIFIED BY THE SHIPPER

45,000.00

SIGNED Amey 12/3/2020
Shipper Date

TIME RECORD

START _____
FINISH _____
AM AM Customers Initials
PM PM Customers Initials

JOB HOURS _____
TRAVEL TIME _____
TOTAL HOURS _____

TRANSPORTATION SERVICES
HOURLY CHARGE

STRAIGHT TIME
VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR.

OVERTIME SERVICES
VAN(S) _____ MEN _____ HOURS AT \$ _____ PER HR.

TRAVEL TIME HOURS at \$ _____

OTHER CHARGES _____

OTHER CHARGES 1616.00

PACKING 217.00

VALUATION 405.00

TOTAL 2238.00

DATE DELIVERED 12-4-2020

DRIVER T. Cook

WEIGHT AND SERVICES

EXPEDITED SERVICE ORDERED BY SHIPPER DELIVERED ON OR BEFORE

☐ SPACE RES. _____ CU. FT.
☐ EXCL. USE OF VEH. _____ CU. FT.

GROSS 24680 TARE 19680 NET 5000 RATE CHARGES
TRANSPORTATION 70 MILES 32.00 1600.00
ADD'TL. LIAB. CHG. (PER SHIPMENT CHARGE) Fuel 16.00
ADD'TL. TRANS. (SURCHARGE) ☐ ORIG. ☐ DEST. _____
EXTRA PICKUPS OR DELIVERIES: NO. _____ BY _____
AT _____
EXCESSIVE CARRY _____ ELEVATOR _____ STAIRS _____
PIANO HANDLING: OUT _____ IN _____ HOIST _____
ADD'TL. LABOR _____ MEN FOR _____ MAN HOURS _____
WAREHOUSE HANDLING _____
TRANSIT STORAGE: FROM _____ TO _____
S.I.T. VALUATION CHARGE _____ 405.00

APPLIANCE SERVICES

ORIGIN DUE _____
DEST. DUE _____

OTHER CHARGES

CARTAGE: TO WHSE ☐ FROM WHSE ☐ ORIG ☐ DEST ☐ MI QUANTITY
BARRELS 5 41.00
CARTONS LESS THAN 1 1/2 _____
CARTONS 1 1/2 9.50
CARTONS 3 14.50
CARTONS 4 1/2 5 18.00 90.00
CARTONS 6 20.00
CRIB MATTRESS 10.00
WARDROBES (USE OF) 20.00
MATTRESS CARTON NOT EXCEEDING 35 x 75 2 20.00 40.00
MATTRESS CARTON NOT EXCEEDING 54 x 75 _____ 18.50
MATTRESS CARTON EXCEEDING 54 x 75 3 29.00 87.00
CRATES MIRROR CARTONS 34.00
TOTAL PACKING 217.00

TOTAL CHARGES ☐ CHGE ☐ PPD ☐ C.O.D. ☐ G.B.L. TOTAL CHARGES 2238.00

PREPAYMENT: COLLECTED BY A 3% SERVICE FEE WILL APPLY IF YOU CHOOSE

BALANCE DUE: COLLECTED BY TO PAY BY CREDIT/DEBIT CARD

DELIVERY ACKNOWLEDGEMENT: SHIPMENT WAS RECEIVED IN GOOD CONDITION, EXCEPT AS NOTED ON INVENTORY AND SERVICES
ORDERED WERE PERFORMED

REC'D FOR STORAGE _____ CONSIGNEE pd dth 146

WAREHOUSE _____

BY _____ PER _____

(WAREHOUSEMAN'S SIGNATURE)

DATE

FORM 962R 2010

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The Public Service Commission State of South Carolina

Jocelyn Boyd
Chief Clerk/Executive Director
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Fax: (803) 896-5246

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Clerk's Office
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Fax: (803) 896-5199

January 28, 2021

Mr. Mark Fitzgerald
Armstrong Transfer & Storage Co., Inc. d/b/a
Armstrong Relocation Company
7167 Cross County Road
North Charleston, SC 29418
mfitzgerald@armstrong.com

In Re: Application of Armstrong Relocation Company, Charleston, LLC's Application to Purchase the Certificate of Dale J. Cook Moving & Storage, Inc.

Mr. Fitzgerald,

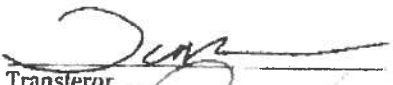

The Public Service Commission is in receipt of the application for the transfer of Dale J. Cook Moving & Storage, Inc.'s Class E (Household Goods) Certificate No. 2977 to Armstrong Relocation Company, Charleston, LLC.

Before the application can be processed, there are a few issues that need attention:

- Page 10 – Signature of Applicant's Representative (see highlighted area)
- Page 12 – Signature is missing on the Oath (see highlighted area)
- Correct the name of the company throughout the application – Has to read exactly like the Certificate of Existence issued by the SC Secretary of State's Office.
- On the Bill of Sale, the date is missing on the Acknowledgement (see highlighted area)
- Submit a statement that the certificate is being transferred for no value. This does not affect the fact that the other assets of the Company are being transferred for value.

Below is an example of the information that is needed. It needs to be signed by the transferor and transferee.

We declare that Class E Certificate No. 2977, issued September 9, 1986, has been assigned a value of zero in the transfer of assets that is before the Public Service Commission for approval in the present Docket.

 _____ Transferor	2/10/2021 _____ Date
 _____ Transferee	2/10/21 _____ Date

If you have any questions, please feel free to contact me at (803) 896-5240.

Janice Schmieding
Clerk's Office
803-896-5240